GEORGIA STATE BOARD OF WORKERS' COMPENSATION

CHANGE OF TPA / SERVICING AGENT

Instructions: An insurance carrier/self-insurer/group fund shall file this form for the sole purpose of giving notice to the Board of the employment of a servicing agent, and/or of the termination of services of a servicing agent. No other use of this form is permitted nor may it be used by any other company or business. If used for an unauthorized purpose or by an unauthorized submitter, the form will be rejected for filing. Send this form to the State Board of Workers' Compensation, 270 Peachtree Street N.W., Atlanta, Georgia 30303-1299. When obtaining the services of a servicing agent, this form shall be filed no later than the commencement date of those services. When terminating the services of a servicing agent, this form shall be filed no later than 30 days prior to the date of the cessation of services.

A. INSURANCE CARRIER/SELF-INSURER/GROUP FUND

FEIN #	SBWC ID #	Name of Insurer / Self-Insurer / Group Fund		
Mailing Address		City	State	Zip Code
Person Completing this Form	Name of Company	Signature of Person Completing this Form		
Date	Telephone Number	E-mail Address		

B. NOTICE OF COMMENCEMENT OF SERVICES

The above-named insurer / self-insurer / group fund has **obtained** the services of the following individual, firm, or company, as its servicing agent for the administration of workers' compensation claims.

Name of Servicing Agent			FEIN #
Mailing Address	City	State	Zip Code
Contact Name	Title	Telephone Number (toll-free if out-of-State of Georgia)	Fax Number
E-mail Address	Secondary E-mail		Effective Date of Change

C. NOTICE OF TERMINATION OF SERVICES

The above-named insurer / self-insurer / group fund is **terminating** the services of the following individual, firm, or company, as its servicing agent for the administration of workers' compensation claims.

Name of Servicing Agent			FEIN #
Mailing Address	City	State	Zip Code
Contact Name	Title	Telephone Number (toll-free if out-of-State of Georgia)	Fax Number
E-mail Address	Secondary E-mail		Effective Date of Change

D. NOTICE OF ADDITIONAL TPA/SERVICING AGENT HANDLING WC CLAIMS

The above-named insurer / self-insurer / group fund has **obtained** the services of the following individual, firm, or company, as its servicing agent for the administration of workers' compensation claims.

Name of Servicing Agent			FEIN #
Mailing Address	City	State	Zip Code
Contact Name	Title	Telephone Number (toll-free if out-of-State of Georgia)	Fax Number
E-mail Address	Secondary E-mail		Effective Date of Change

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-651-7839 OR 1-800-533-0682 OR VISIT http://www.sbwc.georgia.gov

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO $10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).